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APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER
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NOTICE OF ALL	OWANCE MAILED	CLAIMS ALLOWED					
		Assistant Examiner	Total Claims	Prin O.G	Print Claim for O.G		
			DRAWING				
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Amount Due	Date Paid	*					
		Primary Examiner					
TERMINAL DISCLAIMER		PREPARED FOR ISSUE Application-Examiner					
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